MHA-NYC
Innovations in Mental Health

Mental Health Problems Experienced by Older Persons and How to Get Help

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Why Geriatric Mental Health Is Important

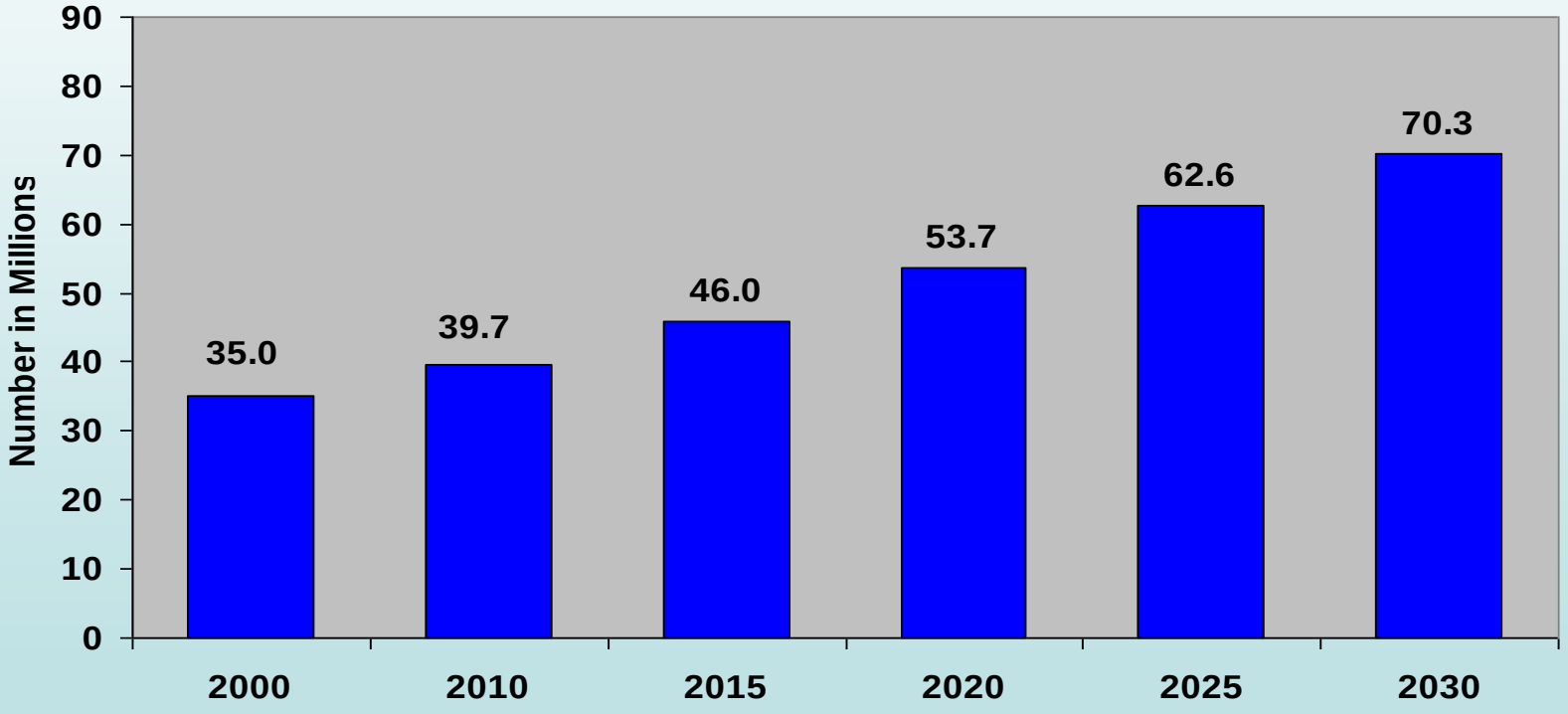
- **Mental and Substance Use Disorders Are Major Impediments to Living Well in Old Age**
  - **Mental illness has a terrible impact on health: increased risk of disability and early death.**
  - **Depression and anxiety are major contributors to social isolation and high suicide rates**
  - **Mental and behavioral disorders of older adults and/or family caregivers are major contributors to unnecessary placement in institutions.**

- **Most mental disorders are treatable.**

Why Geriatric Mental Health Is Often Neglected in Practice and in Policy

- **Ageism**
  - **False belief that mental illness — especially depression — is normal in old age**
- **Stigma**
  - **Shame about being mentally ill**
- **Ignorance**
  - **About mental illness**
  - **About effectiveness of treatment**
  - **About where to get help**

The Population of People 65 + In The US Will Double from 35-70 Million Over the Next 25 Years



Source: U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

Demographics

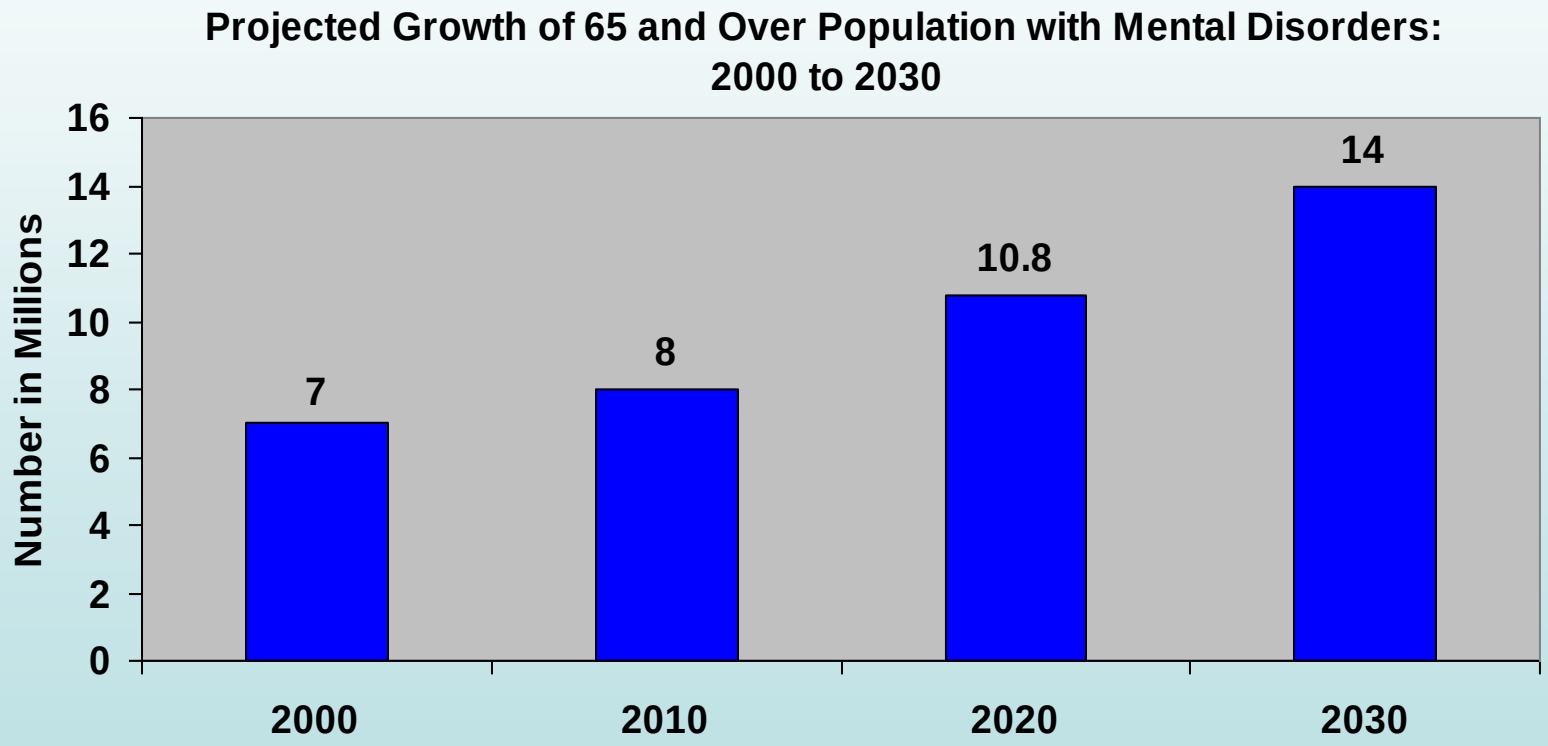
US

- **Increase from 13-20% of the population**
- **5% decline of working age adults**
- **Adults age 85 and over will more than double**
- **Majority of older adults will be 65-74**
- **Minority population of elderly population will grow from 16% to 25%**

NYS

- **Disproportionate increase in ages 80+**
- **Many people are returning to NYS to be close to family and for services**

Older Adults With Mental Illness In The United States Will Double.



Sources: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).
U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and Hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

Prevalence Varies By Age

Adults 18-54

Any Disorder	21%
Any Anxiety Disorder	16.4%
Any Mood Disorder	7.1%
Schizophrenia	1.3%
Severe Cognitive Impairment	1.2%
Anti-Social Personality	2.1%

Older Adults 55+

Any Disorder	19.8%
Any Anxiety Disorder	11.4%
Any Mood Disorder*	4.4%
Schizophrenia	0.6%
Severe Cognitive Impairment (Primarily Dementia)	6.6%

*** This does not include minor depression. 25-30% of older adults have symptoms of depression.**
NOTE: These figures represent the prevalence of mental disorders in a 1-year period.
NOTE: The percentages do not add up to 100% due to co-occurring disorders.
Source: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

Heterogeneous Population

- **Long-term psychiatric disabilities**
- **Late life psychotic conditions**
- **Dementia**
- **Severe and less severe anxiety, depressive, disorders**
- **Addictive disorders: lifelong and late life**
- **Emotional problems related to aging**

Long-Term Psychiatric Disabilities

- **Usually develop prior to 30; some in late life**
- **Diagnoses include:**
  - **Schizophrenia, schizo-affective disorder**
  - **Treatment refractory mood disorders**
- **Involve severe functional impairment**
- **Some people experience recovery over time**
- **As susceptible to dementia as anyone else**
- **High risk for obesity, hypertension, diabetes, heart and pulmonary conditions, communicable diseases, and injuries + high rates of suicide and accidents ⇒**
- **Premature mortality: 10 TO 32 YEARS**

Interventions for Long-Term Psychiatric Disabilities

Medications

- **Atypical Antipsychotics**
  - **These can be effective and, at times, essential but carry significant side effects:**
    - **Obesity and Diabetes**
    - **Recent evidence indicates higher risk of heart problems, pneumonia, stroke**
  - **Doses may need to be adjusted as people age**
  - **Use with great care for people who also have dementia.**

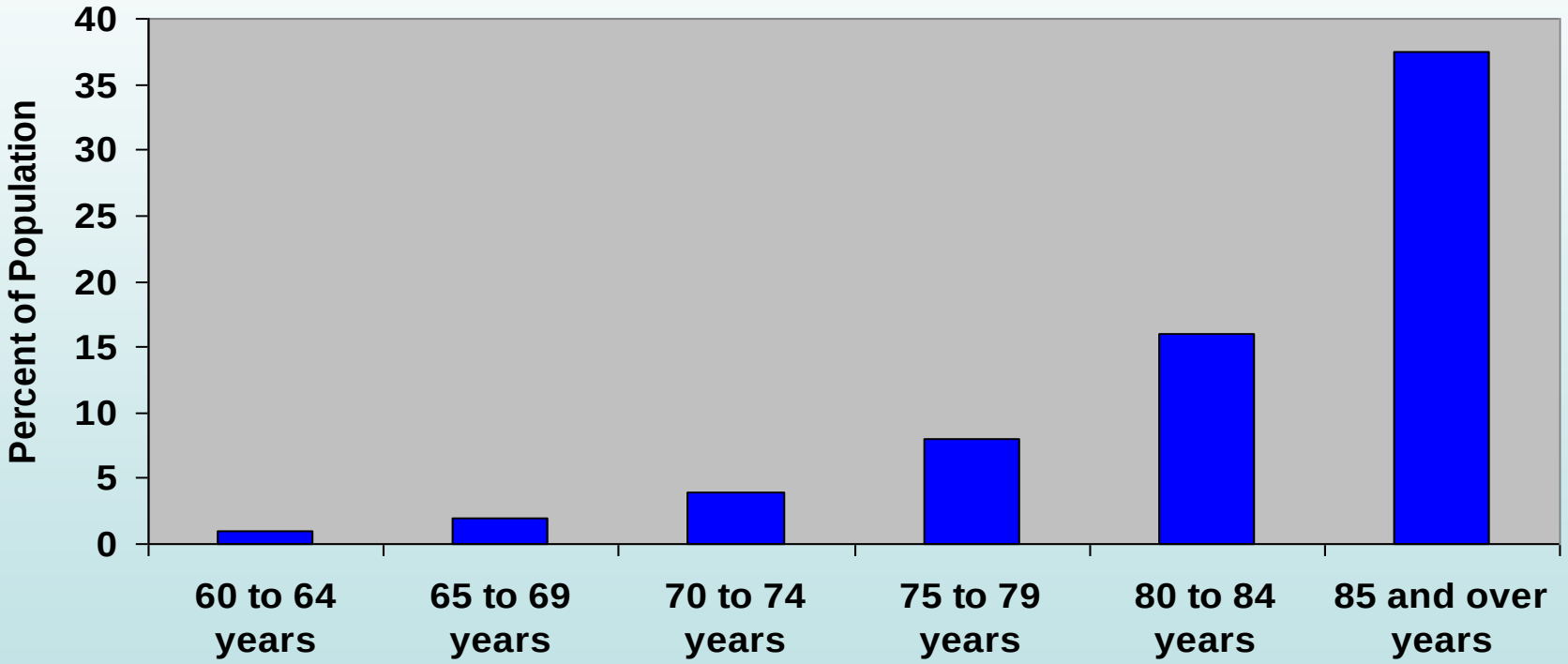
Late Life Psychotic Conditions

- **Major thought and/or perceptual disorders such as hallucinations and/or delusions**
- **Difficulty grasping reality**
- **Functional impairment**
- **Transient, recurrent, or long-term**
- **SPMI "look-alikes"**
  - **Problems re. eligibility for community support services**

Dementia

- **Alzheimer's disease is the most common form of dementia (70%) but not the only form.**
- **Memory loss & reduced cognitive functioning**
  - **Some functions remain intact longer than others**
- **Progressive decline: Early, mid, and late stages**
- **Depression and/or anxiety are common, affect functional capacity, and are treatable**
- **May also co-occur with long-term psychiatric disorders or late life psychotic conditions**

Prevalence of Dementia Doubles Every 5 Years Beginning at 60



Sources: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).
Cummings, Jeffrey L. and Jeste, Dilip V. (1999) Alzheimer's Disease and Its Management in the Year 2010. *Psychiatric Services*. 50:9, 1173-1177

Treatment of Dementia

- **Early and differential diagnosis is critical**
- **New medications may slow deterioration due to dementia (Aricept, etc)**
- **Effective treatment of depression, anxiety, or psychosis improves cognitive functioning**
- **Support for family caregivers helps them and delays nursing home placement**
  - **Respite**
  - **Mittelman Model: Individual and family counseling at possible times + crisis response + support groups**

Major Depression

- **Not just "sadness"**
- **Cardinal symptoms:**
  - **Deep, unremitting sadness with sense of hopelessness *AND/OR***
  - **Loss of interest and pleasure in life ("Depression without sadness")**
- **Other symptoms:**
  - **Changes in patterns of sleep, eating, or activity**
  - **Difficulty concentrating**
  - **Frequent thoughts of death or suicide**
  - **Low sense of self-worth**
  - **Irritability**
- **Need 5 in total (including 1 cardinal symptom) for diagnosis of MAJOR depression**

Prevalence of Depression

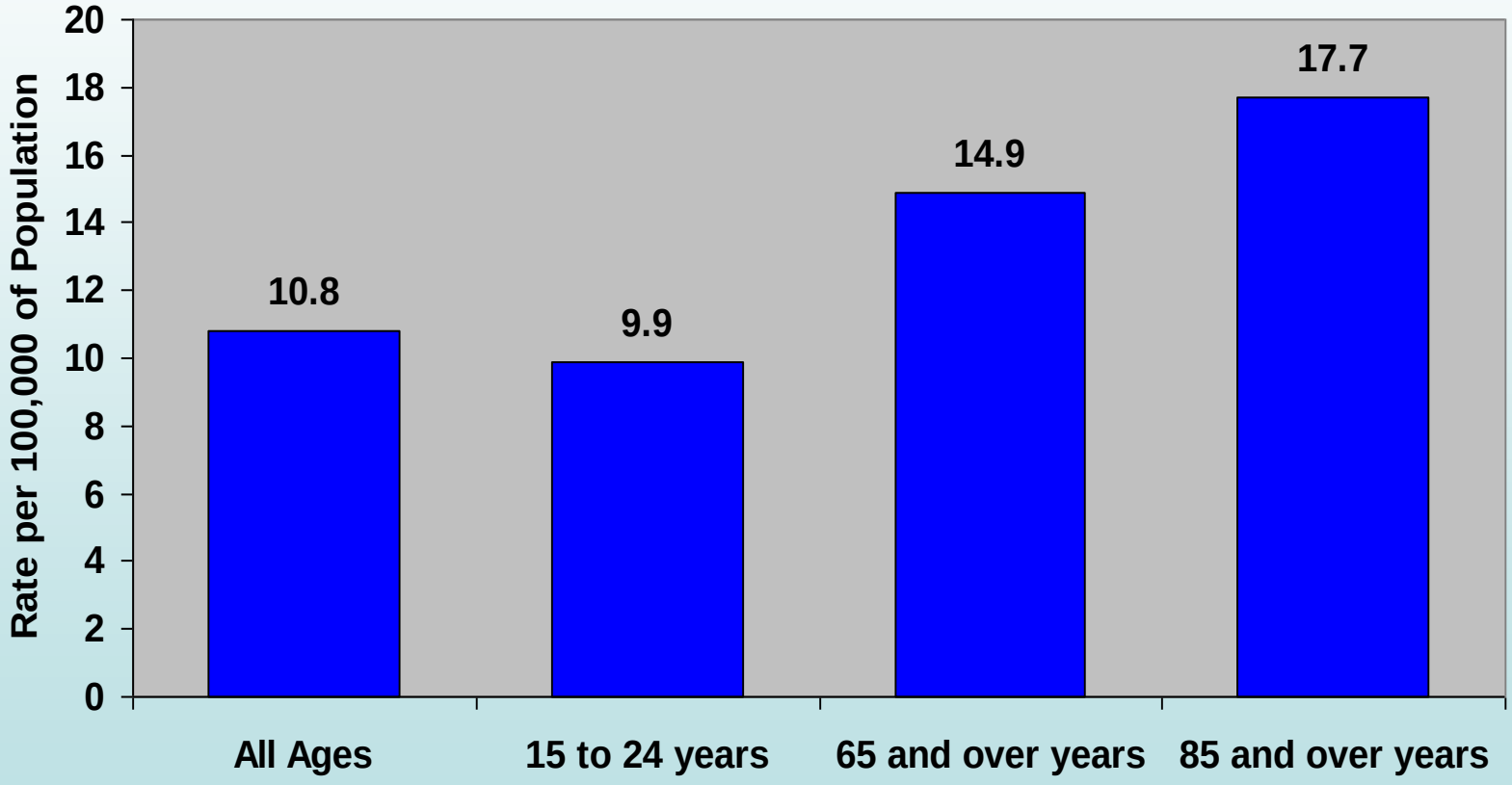
- **Major depression: less than 5% among community dwelling older adults (decreases with age until 85. Then increases.)**
- **Minor depression + Dysthymia: 15-30%**
- **Higher prevalence of MDD with physical illness**
  - **No significant illness: 1%**
  - **Significant chronic illness: 7%**
  - **Home health: 14%**
  - **Nursing Homes: 20-30%**

DEPRESSION IS NOT NORMAL IN OLD AGE

Treatment of Depression (cont.)

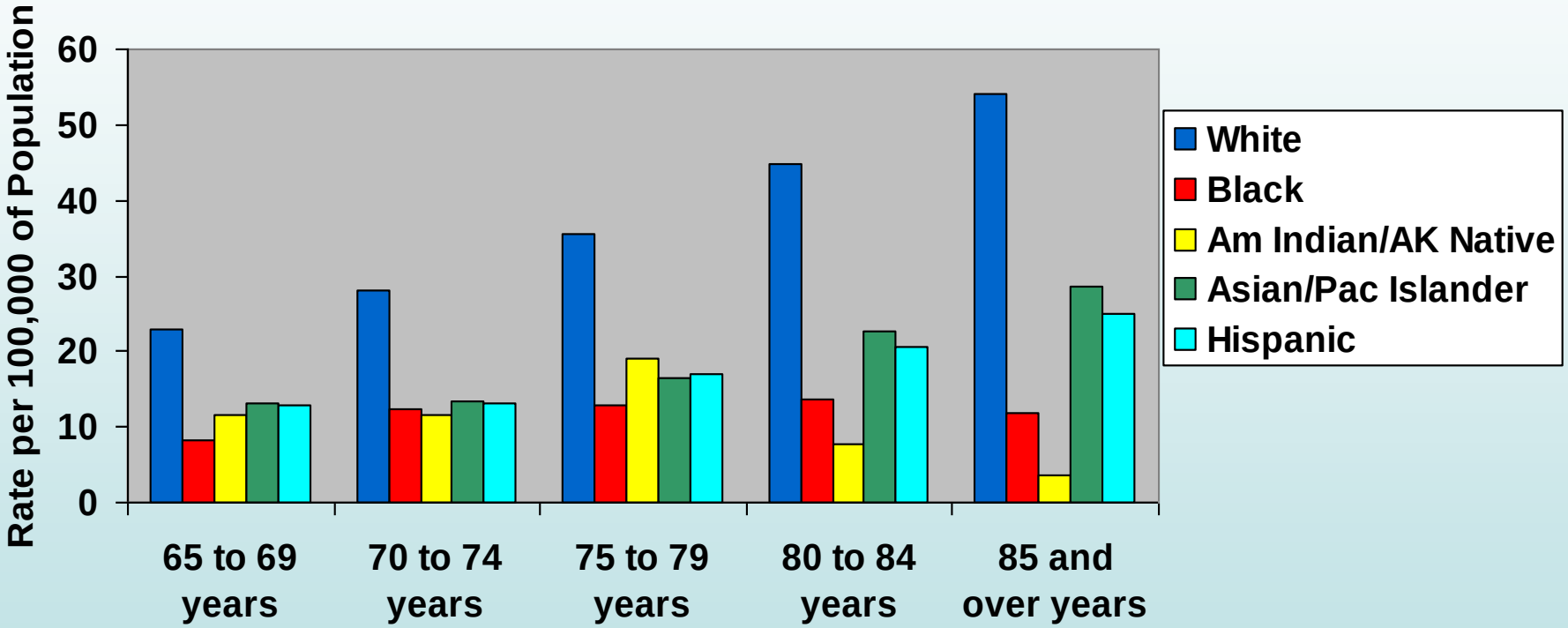
- **Psychosocial Interventions:**
  - **Care management integrated with health care**
  - **Exercise**
  - **Intellectual/creative/recreational activity**
  - **Relationships**
  - **Dealing with real life problems, e.g. finding appropriate housing, getting entitlements**

Older Adults Complete Suicide Nearly 50% More Than the General Population



Source: Mortality Reports. National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. http://www.cdc.gov/ncipc/wisqars/

White Males 85+ Complete Suicide Nearly 6x the General Population



Note: Suicide among Am Indian/AK Native population at 80 years and above is virtually non-existent.

Source: "Mortality Reports." National Center for Injury Prevention and Control. Centers for Disease Control and Prevention, http://www.cdc.gov/ncipc/wisqars/

Suicide Prevention

- **Identification of risk by "Gatekeepers"**
  - **Primary care physicians**
  - **Home health providers**
  - **Social service workers**
  - **People in the neighborhood**
- **Outreach to those at risk**
- **Depression treatment combined with care management**
- **Public education (e.g. OMH's SPEAK)**

Anxiety

- Prevalence: 11-12% (most common mental disorder)
- Ranges from extreme “worry-warts” to extreme suspiciousness (paranoia) to those too frightened to leave home
- Types:
  - Generalized anxiety disorder
  - Focused anxiety (phobia)
  - Social anxiety
  - Obsessive-compulsive disorder
  - Post-traumatic stress disorder

Addictive disorders

- **17% drink more than recommended daily limit**
- **Perhaps 3% of older adults have diagnosable substance abuse disorder**
- **Lifelong addiction vs. addiction in late life**
  - **Very few heavy, lifelong alcohol or illegal drug abusers survive into old age, but some do including methadone patients**
- **Mostly alcohol and/or prescription or o.t.c. medications – especially to manage pain**
- **Use of illegal substances expected to rise as more baby boomers become the "elder boomers"**
- **Harmless recreational use of alcohol or illegal substances may become dangerous in old age due to changed physical reactions to amount of substance consumed.**
- **Gambling**

Effective Treatments for Mental Disorders

- **Screening for common mental health problems**, like depression, anxiety and substance abuse or misuse

- **Inpatient and Outpatient Treatment:**
  - **Evidence base exists for CBT, problem solving therapy, interpersonal therapy, integrated care management**

- **Medications:**
  - **Effective in older adults**
  - **Must be evaluated along other medications to avoid polypharmacy**
  - **Side effects must be monitored carefully**

- **Day programs (partial hospitalization, rehabilitation, etc.)**

Other "Treatment" Needs

- **Stable housing**
- **Psychiatric Rehabilitation**
- **Social supports – in-home care, case management, etc.**
- **Psycho-education for family members**
- **Decent health care**
  - Health promotion: "Wellness"
  - Exercise
  - Intellectual/creative/recreational activity
  - Relationships
  - Managing "real life" problems, like housing, entitlements
  - Primary care/rapid treatment of acute illnesses—"medical home"
  - Managing chronic illness
- **Accident prevention**, especially falls and overdoses of medications
- **Suicide prevention**

Treatment of Addictive Disorders

- **Screening, esp. in primary care (CAGE, MAST-G, AUDIT C examples)**
- **Medication review to ensure safety**
- **Brief motivational or cognitive-behavioral therapies: non-confrontational**
- **Medications: e.g. naltrexone, acamprosate, buprenorphine**
- **Detoxification: Outpatient/Inpatient**
- **Rehabilitation: Community-based or residential**
- **Mutual aid/self-help: e.g. AA or other 12-step programs**
- **Tailored progams for older adults – CRITICAL**
  - **Not necessarily segregated by age**

Emotional Challenges Of Old Age

- Role changes: e.g. retirement
- Loss of social status (in a culture which doesn't honor elders)
- Diminished (but not lost) physical and mental skills
- Losses of family and friends
- Spiritual concerns
- Confronting death
- Developmental goal = INTEGRITY vs. despair

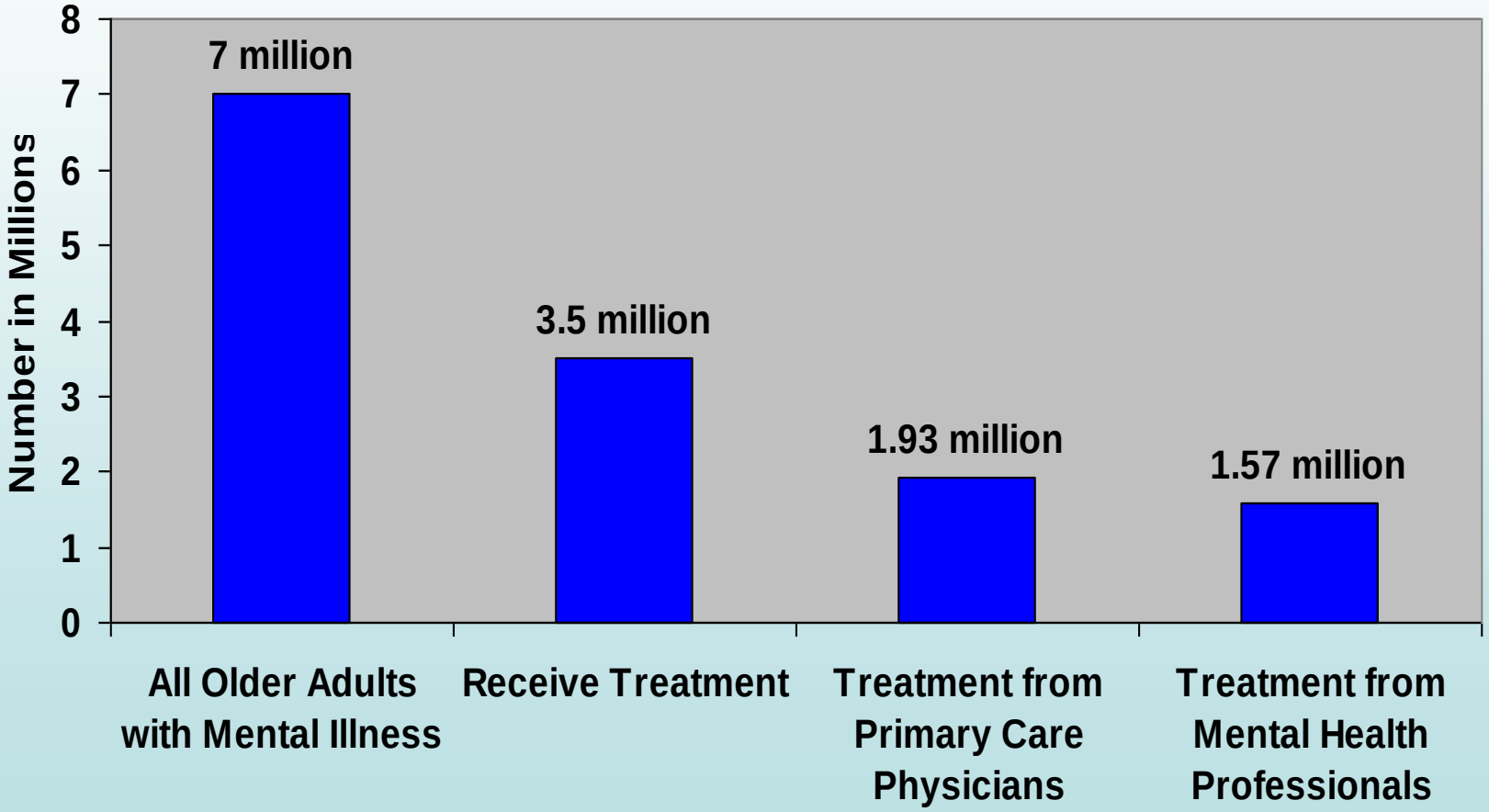
Coping With Transition

- **Planning for retirement**
- **Meaningful activities (paid or volunteer work, physical or creative activities)**
- **Relationships (family, friends, intimate—including sexual—relationships)**
- **Spiritual life (communities or individual)**
- **Get help when needed:**
  - **Home care**
  - **Elder care**
  - **Assisted living and life care communities**
  - **Psychotherapy/support groups**

Barriers To Treatment

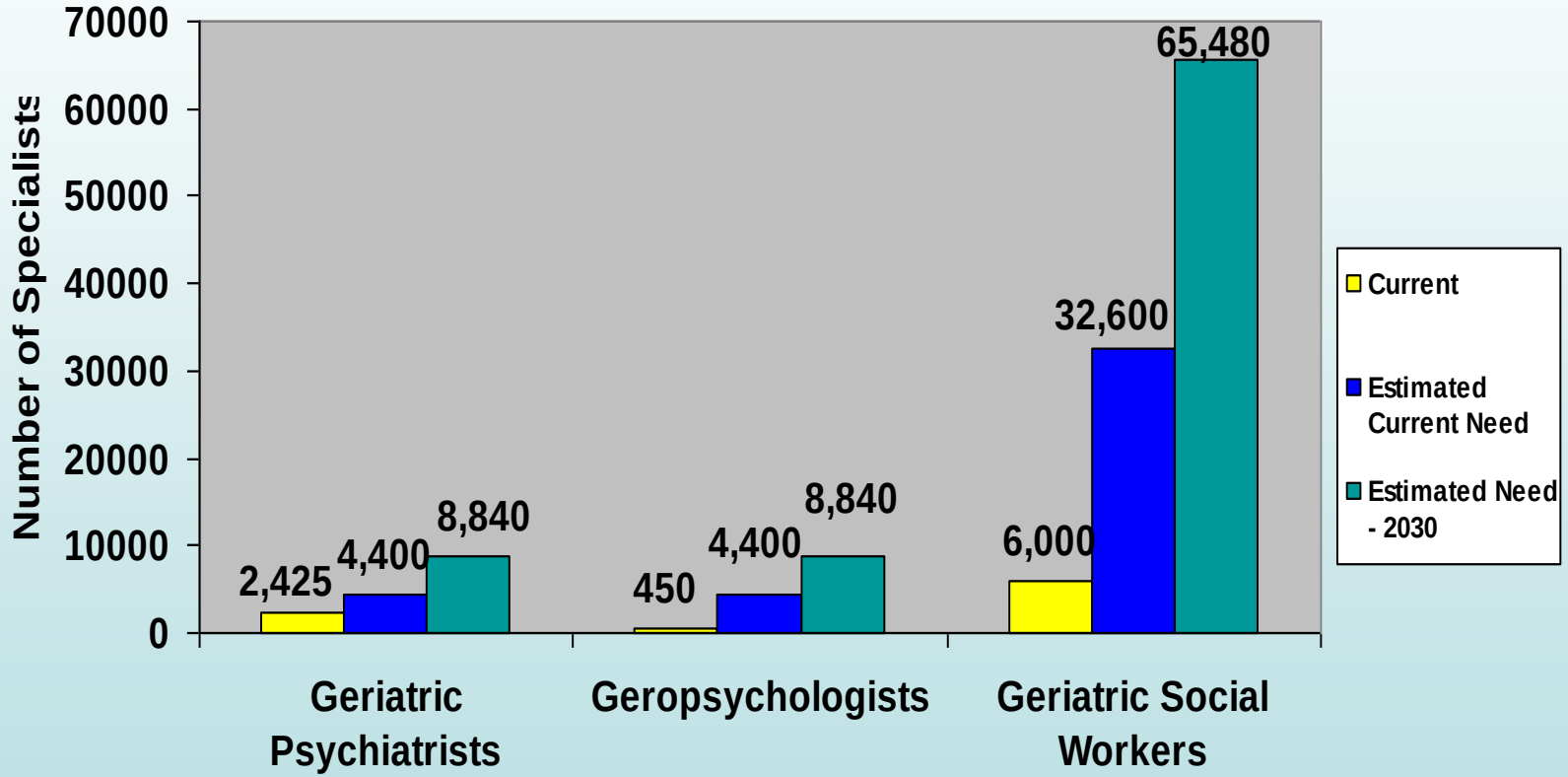
- Lack of awareness of mental health issues and where to get help
- Stigma
- Cost, transportation, language, (lack of) cultural competence of providers
- Lack of specialty services

Treatment of Mental Illness Among Older Adults



Source: U.S. Department of Health and Human Services, *Older Adults and Mental Health: Issues and Opportunities* (Rockville, MD: 2001).

Vast shortage of geriatric mental health professionals, now and in the future.



Sources: Halpain, Maureen C.et al. (1999). Training in Geriatric Mental Health: Needs and Strategies. *Psychiatric Services*. 50:9, 1205-1208.
Jeste, Dilip V. et al. (1999). Consensus Statement on the Upcoming Crisis in Geriatric Mental Health. *Archives of General Psychiatry*, 56, 848-853.

Where to Get Help/Resources

- **Primary care doctor** may be able to screen, provide or coordinate services

- **NYS Office of Mental Health** provider directory:

https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages

- **Local department of Mental Health/Mental Hygiene**
  - **Use 411/311/211 in your county/town**

- **NY Connects**: https://www.nyconnects.ny.gov/results?category=Mental+Health+and+Substance+Abuse+Services

- **National Suicide Prevention Lifeline:** 1-800-273 TALK (1-800-273-8255)

JOIN

THE GERIATRIC MENTAL HEALTH ALLIANCE

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